

Town of Harpswell & Orr's-Bailey Yacht Club offer

The Abbot Fletcher Sailing School

Learn rigging, sailing, sailors' knots, man-over-board rescue and capsized recovery procedures.

<u>Session</u>	<u>Date</u>	<u>Time</u>	<u>Fee</u>
1. Beginner	6/22 – 7/3	9a.m.–12p.m.	\$350
2. Intermediate	6/22 – 7/3	1p.m. – 4p.m.	\$350
3. Beginner	7/6 – 7/17	9a.m.–12p.m.	\$350
4. Intermediate	7/6 – 7/17	1p.m. – 4p.m.	\$350
5. Beginner	7/20 – 7/31	9a.m.–12p.m.	\$350
6. Intermediate	7/20 – 7/31	1p.m. – 4p.m.	\$350
7. Beginner	8/3 – 8/14	9a.m.–12p.m.	\$350
8. Intermediate	8/3 – 8/14	1p.m. – 4p.m.	\$350

Beginners: ages 8 – 10 Intermediates: ages 11 – 18

Registration on first come, first served basis.

Fees: The total fee for each session is \$350. There will be a discount of \$50 per session for OBYC members and their families. Any student attending any **additional** two-week session will also receive a \$50 discount.

Contact: Don and Bobbie Robertson, Chairs, at donald.robertson1@comcast.net or summer phone number 207-833-5459. Gina Perow, Harpswell Rec. Dir., at 207-833-5771 or harpswellrec2@suscom-maine.net.



What to bring: Coast Guard-approved PFD with whistle, sunscreen, sunglasses, change of clothes, and snack. There's a **mandatory swim test** the first day of class--bring a swimsuit!

----- Please detach here -----

Registration for **The Abbot Fletcher Sailing School 2009**

For office use only:
_____ #R4185

Name _____ Age _____

Address _____

_____ Zip _____

Session _____

Class: (choose one) _____ 9 a.m.–12 p.m. _____ 1– 4 p.m.

Beg. _____ Inter. _____

Phone _____

E-mail _____

Emergency Contact _____ Phone # _____

Photos & videos taken may be used for local publicity

Release from Liability In consideration of the permission granted to my child to participate in "Abbot Fletcher Sailing School," June/July 2009, I hereby release and discharge the Town of Harpswell and the OBYC Abbot Fletcher Sailing School, its agents and officers, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned or inferred activities. I realize I must provide my own health/accident insurance for injuries that I or my child may sustain while participating in the above mentioned activities. I know that Sailing is a potentially hazardous activity and that I assume all risks for my child which might result from his/her participation in this activity. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Signature _____ (parent or guardian)

Return Completed Form to the Town Office There is an after-hour drop box to the right of the glass entrance

Flyer by **DESIGN**